

REQUEST FOR TRAINING ORDERS

PRIVACY ACT STATEMENT: The authority to request this information contained in 5 U.S.C. 30 departmental regulations. The principle purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining your eligibility for approving or disapproving the training duty being requested. Completion of the form is voluntary, however failure to provide the required information may result in delays, response to, or disapproval of your request.

1. SSN		2. GRADE		3. NAME (LAST, FIRST, MIDDLE)	
4. DESG/NEC:		5. SEX:	6. WORK PHONE:		7. HOME PHONE:
8. HOME ADDRESS:				NRUIC:	
				MEMBER'S UNIT: _____ IAP <input type="checkbox"/>	
9. TYPE: <input type="checkbox"/> AT <input type="checkbox"/> IDTT <input type="checkbox"/> ADT <input type="checkbox"/> GROUP <input type="checkbox"/> IADT <input type="checkbox"/> INVOL <input type="checkbox"/> NON-PAY <input type="checkbox"/> MOD <input type="checkbox"/> BACK-TO-BACK					
10. A. REPORT		B. NUMBER DAYS:		C. DESTINATION LOCATION: _____ UIC: _____	
DATE _____		AT: _____ ADT _____		COURSE CDP _____ /CIN _____	
TIME: _____		IDTT DAYS: _____		COURSE _____ Alt. Dates: _____	
11. DESTINATION COMMAND CONTACTED: <input type="checkbox"/> YES <input type="checkbox"/> NO POC: _____ PHONE: _____					
12. TRAVEL ITINERARY DESIRED DEPARTURE:		13. TYPE <input type="checkbox"/> CONUS <input type="checkbox"/> OUTCONUS <input type="checkbox"/> NATO			
DATE: _____		<input type="checkbox"/> 0. NO COST			
TIME: _____		<input type="checkbox"/> 1.GTR Directed/Arranged by NAVPTO/NOLA			
NLT _____		Commercial travel will be arranged and furnished by NAVPTO NOLA unless one of the following Options is justified and approved in Block 14 per COMNAVRESFORINST 1571.7G			
DEP: _____		<input type="checkbox"/> 2.Govt. Transportation directed (Airlift/NALO)			
ARR: _____		<input type="checkbox"/> 4.POV Authorized Not To Exceed GTR			
FOR AFLOAT:		<input type="checkbox"/> 5.Transoceanic/International Travel			
EMBARK: _____		<input type="checkbox"/> 6.Local Commute Mileage:			
DEBARK: _____		<input type="checkbox"/> 7.Program Manager Use Only			
		<input type="checkbox"/> Program Manager Use Only			
14. JUSTIFICATION/REMARKS:					
STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty, I am subject to Defense Department and Navy Department Standards of Conduct directives, I also understand that I am subject to the same standards of conduct directives during any time I am performing inactive duty (drills). I will during any duty I perform take no action which will amount to or reasonably create the appearance of using any military position for personal gain or the benefit of my civilian employer. I will also refrain from using or reasonably creating the appearance of using information I obtain while on duty for personal gain or the benefit of my civilian employer. If events occur which might cast doubt on my ability to follow these					
15. DATE:		16. APPLICANT'S SIGNATURE			
CERTIFICATION - MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL PREREQUISITES FOR REQUESTED COURSE.					
17. REPORTING/ADDITIONAL INSTRUCTIONS/TEXT Medical endorsement must be attached				BILLET CONTROL NUMBER:	
RENTAL CAR <input type="checkbox"/> YES <input type="checkbox"/> NO				TRACKING CONTROL NUMBER(ADT USE ONLY) :	
SECURITY CLEARANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> NECAP	
ANTI-TERRORISM: <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> NPSAC Body Fat Percentage:	
ACIP/Dive/Other Pay: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO					
18. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		UNIT CO/GCLO/OIC			DATE:
19. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		UNIT CO/GCLO/OIC			DATE:
20. REMARKS/DISAPPROVAL:					
PATS ESTIMATED: _____ OM ENTRY: _____ AT TRACKER ENTRY _____ PATS OBLIGATED: _____					
PATS LIQUIDATED: _____ AT TRACKER COMP ENTRY _____ AT FILED BY _____					